

FILED
Apr 07, 2008 08:00 AM
Secretary of State

1. Entity Name
ALLIANCE TITLE OF BREVARD, L.L.C.



Mailing Address
730 E STRAWBRIDGE AVE
STE 100
MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE



CR2E083 (12/07)

4. FEI Number
59-3632472

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional Fee Required

CASSELLA, LIZABETH A
730 E STRAWBRIDGE AVENUE
STE 100
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

100000994252

04/17/08-80035-022 150.00

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

TITLE	MGRM
NAME	THE ALLIANCE OF BREVARD INC.
STREET ADDRESS	730 E STRAWBRIDGE AVENUE STE 100
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	D
NAME	MATARAZZO, PATRICIA
STREET ADDRESS	730 E STRAWBRIDGE AVENUE STE 100
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	MGRM
NAME	CASSELLA, LIZABETH
STREET ADDRESS	730 E STRAWBRIDGE AVENUE STE 100
CITY - ST - ZIP	MELBOURNE, FL 32901

TITLE	MGRM
NAME	SPRAGINS, MICHAEL W
STREET ADDRESS	730 E STRAWBRIDGE AVENUE STE 100
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	MGRM
NAME	SPRAGINS, STEPHEN H
STREET ADDRESS	730 E STRAWBRIDGE AVENUE STE 100
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #